

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

SL-31426 XC 9997077

63-029854

7475

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED JUL 25 1963

1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Illinois</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St Louis, Missouri</u>		c. CITY OR TOWN <u>Collinsville</u>	
Length of stay in lb <u>23 days</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Vets Admin Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>442 South Chesnut</u>	
3. NAME OF DECEASED (Type or print) First <u>Saverio</u> Middle <u>DeMoro</u> Last		4. DATE OF DEATH Month <u>7</u> Day <u>20</u> Year <u>63</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3/27/21</u>
9. AGE (last birthday) <u>42</u>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Butcher</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) <u>Collinsville, Ill.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Salvadore DeMoro</u>		13b. MOTHER'S MAIDEN NAME <u>Grace Baceleto</u>	
14. NAME OF HUSBAND OR WIFE <u>Henretta DeMoro</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) <u>Yes WWII</u>	
16. SOCIAL SECURITY NO.		17. INFORMANT <u>Henretta DeMoro (wife) See 2 Above</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>PNEUMONIA</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>BRONCHOGENIC CARCINOMA</u>		<u>Unknown</u>	
DUE TO (c) <u>162.1</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>12:10</u> a.m. p.m. Month, Day, Year <u>6/28/63</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>St. Louis, Mo.</u>	
21. X attended the deceased from <u>6/28/63</u> to <u>7/20/63</u> and last saw him alive on <u>7/20/63</u>		22. ADDRESS <u>VAH, St Louis, Mo.</u>	
Death occurred at <u>12:10 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <u>7/20/63</u>	
23a. SIGNATURE <u>Ernest W. Franklin</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>St. John's Cemetery Collinsville, Ill.</u>	
23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county)	
24. FUNERAL DIRECTOR <u>Herbert A. Kasey Collinsville, Ill.</u>		25. DATE RECD. BY LOCAL REG. <u>JUL 20 1963</u>	
26. REGISTRAR'S SIGNATURE <u>Lois Smith M.D.</u>			

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOVEMBER 11 1941

RECEIVED

CONFIDENTIAL

STATE OF

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Herbert A. Kasey

Licensed Embalmer No. 2803

P. O. Address

Collinsville, Ill.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.